

sometimes with good results, sometimes without. Notwithstanding the fact that, in many cases, curative medical treatment is of prime importance, the moral treatment is often of greater usefulness. Removal from the woriment, the over-work, the unsanitary conditions, and the unsuitable food of many homes, relief from the distractions of business, replacing the morbid, nervous stimulations of distracted or frightened friends by the firm control of the asylum, occupying body and mind in new employments, cheering the drooping and melancholy and soothing the excited and irritable, are some of the elements of material and moral treatment of the greatest value, sometimes working rapid cures with but little medication. The providing of suitable bodily and mental exercise and occupation for our inmates is a difficult and delicate task, attended with many vexatious trials; and yet it is one of our best and most important aids to securing quiet, rest, and recovery. Suitable bodily exercise assists in the healthful performance of the organic functions, and the mind, occupied by agreeable activity, is not devouring itself. When overwhelmed by delusions or melancholy, or when violently disturbed by excitement, it is impossible to fix the attention upon avocations or amusements; but there frequently comes a time when the attention can be arrested and the mental powers turned to reconstructive rather than destructive tendencies. Sometimes, when prearranged efforts utterly fail, accidental opportunities engage the attention."

CARLOS F. MACDONALD.

THERAPEUTICS OF NERVOUS SYSTEM.

A noteworthy paper, and one which is probably destined to open up the way for further investigations, was read before the British Medical Association by Victor Horsley. The subject was the surgery of the brain with the reports of three cases on which the writer had operated.

The first part of the paper was devoted to a description of the technique of operations, treating in all detail the various steps to be followed, for which the reader is referred to the original paper in the *British Medical Journal*, Oct. 9th, 1886.

The three cases illustrative of the paper were as follows :

CASE I. was a young man, 22 years of age, who suffered from epilepsy as a result of an accident at age of 7, causing a depressed comminuted fracture of the skull, with loss of brain substance, at a point corresponding to the upper third of the ascending frontal convolution. The fits, which occurred in batches at time of operation, reaching three thousand in a fortnight, were almost always of the same character, usually commencing in right lower limb, and successively attacking right upper limb, right face, and neck. They were followed by right hemiplegia. The left side is not mentioned as being affected.

Operation performed May 25th, 1886. The bone around the old opening in the skull was removed, and a scar in the brain was

found, with other accompanying pathological conditions in the dura mater, etc. All the brain-scar tissue was removed. The operation was followed by complete paralysis of fingers of right hand, and by *incomplete loss of sense of touch* below the wrist, and *loss of muscular sense* in fingers.

Horsley, however, thinks it possible that the sensory disturbance may have been due to injury to some of the fibres coming from the gyrus forniciatus in the corona radiata. The motor and sensory paralysis disappeared in the course of the next two months. Up to the present time the patient has had no fits.

CASE II, was one of epilepsy in which the convulsions began with chronic spasmodic opposition of the thumb and forefinger (left), the wrist next, then the elbows and shoulders were flexed clonically, then the face twitched and the patient lost consciousness. The left leg, right leg, and right arm were then successively convulsed. Paralysis of left leg frequently followed a fit.

Dr. Hughlings Jackson diagnosed an irritative lesion, situated at the junction of the lower and middle thirds of the ascending frontal and parietal convolutions.

On operating, a cortical tumor was found in the suspected region, and removed. "Before closing the wound, the centre of the thumb area was removed by free incision. This detail Drs. Jackson and Horsley had resolved to carry out in the possible event of there being no obvious grave organic disease in order to prevent, as far as possible, recurrence of the epilepsy."

The operation was followed by partial motor paralysis of the left side of face, and complete paralysis of left arm and shoulder. Left incomplete hemianesthesia developed. Later, all these symptoms disappeared, and at time of report there only remained weakness of grasp of hand and the fine movements of fingers were hampered.

The third case was diagnosed as epileptiform convulsions, due to an irritative lesion situated in the posterior third of the superior frontal convolution following injury of the skull. As before, scar tissue was found exactly at the spot diagnosed, and removed. One week after the operation, paresis of the right arm supervened. This, Horsley thinks, was hysterical. It had practically disappeared at time of report.

In the discussion following the paper, Erichsen, Charcot, and Hughlings Jackson spoke eulogistically of Horsley's results.

MORTON PRINCE.

Trephining in Epilepsy.—Dr. A. Hughes Bennett and Mr. A. Pierce Gould report in the *British Medical Journal*, January 1st, 1887, an interesting case of epilepsy apparently cured by operation. It has also some bearing on the localization of the visual centre.

The patient, male, æt. 36, with a good family history, received a severe blow about six years ago on the right side of the head. He was rendered unconscious for several hours, but there was no paralysis of any kind. The scalp was cut, but no injury to the